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Bib Data Sheet

CONFIRMATION NO. 6688

SERIAL NUMBER 09/496,783	FILING DATE 02/03/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. ZANS.10001NP
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APPLICANTS

Albert G. Lintel III, Atlanta, GA;
 Joseph A. Vescio, Alpharetta, GA;
 Joseph L. Helmick, Atlanta, GA;

** CONTINUING DATA *****
 This appln claims benefit of 60/119,041 02/05/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/14/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 13	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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TITLE
 Healthcare information network

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)



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SERIAL NUMBER 09/496,783	FILING DATE 02/03/2000 RULE -	CLASS 705	GROUP ART UNIT 2768 <i>2768 MSK</i> <i>3526</i>	ATTORNEY DOCKET NO. ZANS.10001NP	
APPLICANTS Albert G. Lintel III, Atlanta, GA ; Joseph A. Vescio, Alpharetta, GA ; Joseph L. Helmick, Atlanta, GA ;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/119,041 02/05/1999 <i>MSK</i> <i>verified</i>					
** FOREIGN APPLICATIONS ***** <i>MSK</i> <i>none</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/14/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MSK</i> Examiner's Signature _____ Initials _____		STATE OR COUNTRY GA	SHEETS DRAWING 13	TOTAL CLAIMS 16	INDEPENDENT CLAIMS <i>1 MSK</i>
ADDRESS Alan W Lintel 12160 Abrams Rd Suite 111 Dallas ,TX 75243-4523					
TITLE Healthcare information network					
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		